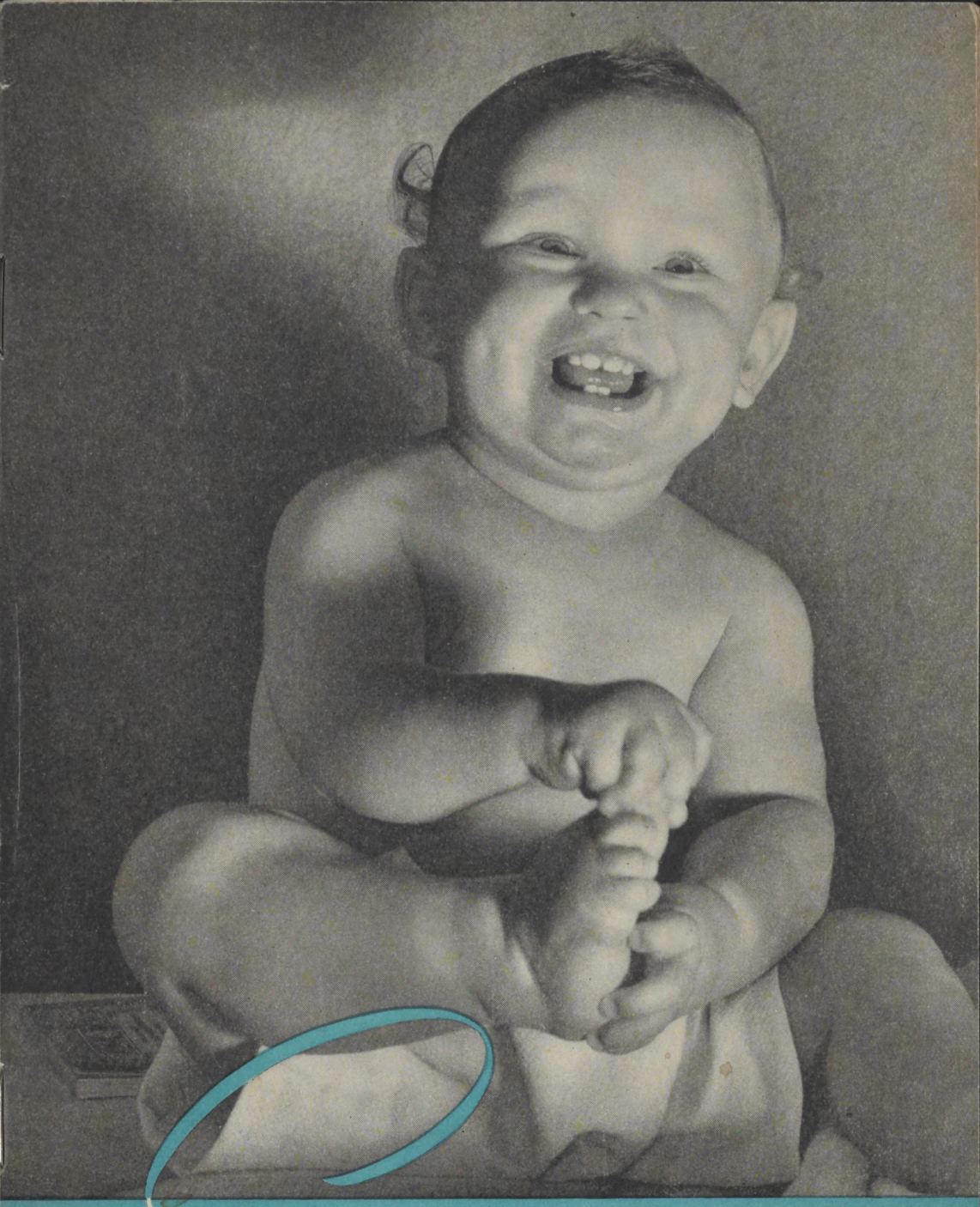

Saskatchewan PLANS FOR HEALTH

A PUBLICATION PREPARED BY THE DEPARTMENT OF PUBLIC HEALTH, AND ISSUED IN COLLABORATION WITH THE BUREAU OF PUBLICATIONS.

FOR BOOKLETS DEALING WITH OTHER PHASES OF THE SASKATCHEWAN GOVERNMENT'S PROGRAM, WRITE THE BUREAU OF PUBLICATIONS, LEGISLATIVE BUILDING, REGINA.

"In Saskatchewan we are accustomed to blazing new trails. Years ago we were in the vanguard of those combating the ravages of tuberculosis. Today we are the first Province in Canada and probably the first area on the North American continent to provide a completely free cancer service, free care for the mentally ill, and free penicillin for the treatment of venereal disease.

"We are writing a new chapter in the history of social medicine. With the co-operation of the people of this Province and with the help of those who render health services, the Government believes it is possible to plan and establish a health system in Saskatchewan which will be the pride and envy of every other Province in Canada."

—Hon. T. C. Douglas, M.A., Premier and Minister of Public Health, in a Radio Address to the People of Saskatchewan, March 26, 1945.

Wanted: Health Security

SIXTY-FIVE YEARS AGO the population of Saskatchewan consisted almost wholly of nomadic bands of Indians whose social organization was primitive and whose needs were simple. Health problems came with the white settlers. Devastating epidemics decimated the natives. Following the disappearance of the buffalo in 1879, the Indians suffered from malnutrition and for the first time there were seen Indian children with defective teeth.

In their own protection and as a normal development, the white settlers soon took steps to provide themselves with health services. Doctors on horseback and horse-and-buggy doctors, nurses, and dentists, and medicine pedlars—forerunners of the modern pharmacists—were among the thousands who came to Saskatchewan to found homes.

The new settlers spread all over the plains. Towns sprang up and some towns soon became cities. In a short time the ingenious white man created on the primitive soil of Saskatchewan a modern society. In many ways this society compared favorably with that in much older lands.

As the population grew the people organized themselves into a province, into municipalities and urban corporations. They collected taxes, provided sanitary services, built hospitals and schools. They provided their teachers and their doctors with the elementary tools with which to work. It was all very fine for a start.

In the years before the First Great War, all this planning, organization and building was made possible by the prosperity of expansion and great crops of grain from virgin soil which found ready markets at good prices.

It was only when this period of expansion ended abruptly and the people were thrown on wheat as their chief source of income, that it was brought home to them that the civilization they had built on the Saskatchewan prairie had been founded on a shifting bottom. They discovered, also, that the provision of public services, including health services, depended insecurely on the crop that was harvested in a particular locality, and the ability of the farmers to sell it at a reasonable price, so that they could pay their taxes.

It also became painfully apparent that the provision of services, including health and education, had lagged behind actual needs. It became an acute problem as wheat prices tumbled in a world-wide depression and the worst drought in the history of the province followed the economic depression.

The people then realized the need of economic security based on more than wheat-growing, and the urgency of health security independent of wheat and world markets.

The people found that they had really never had enough doctors, nurses, dentists and hospitals, and the other services necessary to maintain their health. They discovered that there was an acute maldistribution of existing health personnel and facilities. In 1940, 45 per cent of the doctors, for instance, served the 15 per cent of the population who lived in eight cities and larger towns.

Exceptionally health-conscious by this time, the people of Saskatchewan were not long in perceiving that a large number were not benefiting by the wonderful advances made in medicine since horse-and-buggy days, and that there was little opportunity to practice the moral that prevention is better than cure.

The depression and the drought, which made more than half of the population of Saskatchewan dependent on the rest, taught the people something their pioneer fathers knew: That none could live unto himself; that the men and women of this province, facing up to problems together, could solve them co-operatively.

The farmers, with their wheat marketing co-operative, had shown the way. A wheat economy involves large farms and isolation. Isolation means higher costs for all services. The unique municipal-doctor scheme, hospital prepayment plans, union hospitals, medical co-operatives, have been steps toward the realization of a goal. These local efforts are giving way to the need of placing the provision of health services on the broader basis of provincial effort. Socialized medicine on a provincial scale is the means by which health security may be achieved, the means by which health services with all the benefits of modern science can be made available to everyone irrespective of income and independent of local economic conditions.

With the encouragement of subsidiary and other industries, the economic basis for expanded health services is being provided. And step by step, the people of Saskatchewan, through their Government, are planning for health.

An Expert Looks Us Over

To help it to plan for health security, the Provincial Government commissioned for a survey the most distinguished authority available—Dr. Henry Sigerist, director of the Institute of the History of Medicine at Johns Hopkins University. Dr. Sigerist has studied health organization in many countries.

In the autumn of 1944, this authority made a detailed study of Saskatchewan's health services and health needs; and among a number of recommendations he made there was one that the people of this province should continue to build on the foundations they had laid. This the Government has made its program.

As a first act, the Government provided for the creation of a Health Services Planning Commission, which today is concentrating

on immediate projects to supply urgent deficiencies in existing services, found chiefly among the people living in rural and small urban municipalities. The commission is being assisted by an advisory committee of 25 men and women who are representative of those who supply health services and those who use them. The members of the committee are the nominees of agricultural, municipal, labor, women and professional organizations in the province.

The task of instituting adequate health services for Saskatchewan's present population of 840,000 persons is beset by three chief problems, two of them greatly aggravated by the war, Hon. T. C. Douglas, Premier and Minister of Public Health, has pointed out. These are (1) the shortage of trained personnel; (2) the scarcity of equipment and hospital facilities; and (3) obtaining adequate funds. The first two are the most pressing.

We Need Doctors, Nurses

Saskatchewan needs 400 more physicians and surgeons than are now practising within its borders. There are now 311 general practitioners, or one for every 2,882 persons. Even if one adds the doctors who are in institutional work, and if those who are on war service return to practice in the province, the number of physicians will still be inadequate. There has always been a shortage of doctors.

A competent United States committee on medical care has estimated that there should be one doctor for every 700 persons; but even if Saskatchewan could provide one doctor for every 1,000 persons, there would still be a shortage of 400 physicians.

An aggravating factor is that 40 per cent of the doctors now practising in Saskatchewan are 60 years of age or older and will have to be replaced in the next few years.

Additionally, Saskatchewan needs specialists—men and women with specialized knowledge and specialized training—to work with expensive special equipment. The horse-and-buggy doctor worked with the stethoscope as his chief instrument of diagnosis. Techni-

cians armed with a variety of apparatus today must be provided to supplement the humble stethoscope.

Among the specialists which Saskatchewan needs are psychiatrists and psychologists, pathologists, bacteriologists, radiologists, and specialists in public health, X-ray technicians, physiotherapists, medical social workers and sanitarians.

Saskatchewan has a dire need of trained nurses. There are now about 1,000 in the province—600 short of requirements, and the need will still be great if the 200 serving their country return to civilian practice here.

The greatest shortage of all is in dentists. There are today about 140 in this province, which needs from 400 to 500. Even if the 70 dentists who are away on war service return to practice in Saskatchewan the number will be only half of that needed for adequate dental service.

An important step by the Government to alleviate the shortage of doctors is the decision to establish a full medical school at the University of Saskatchewan. One hundred thousand dollars has been set aside by the Government for a start on the building. Hitherto the University's College of Medicine has offered pre-clinical classes only and students had to attend universities in other provinces to complete their training. It has been noted that only 26 per cent of Saskatchewan students who thus left the province have returned to practice medicine.

It has been obvious that the practice of medicine in Saskatchewan must be made sufficiently attractive to keep doctors here and to bring in others. From pioneer times until the present, rural practice, involving much hardship, economic insecurity, and lack of adequate facilities, has not attracted physicians in sufficient number.

The Government is now assisting the municipalities with subsidies to enable them to make rural practice more attractive to physicians.

---and Hospital Facilities

An effort is being made by the Provincial Government to alleviate also the acute shortage of hospital accommodation and hospital equipment. These shortages exist particularly in rural areas. Exclusive of the tuberculosis sanatoria and the two mental hospitals, Saskatchewan hospitals have bed space for only 3,279 patients. By overcrowding, it has been possible to accommodate at the present time, 3,848. The space actually available means about 3.8 hospital beds per 1,000 of population. For adequate care five beds per 1,000 are needed, so that there is a minimum need of 1,000 beds in the province.

It is necessary to plan hospital accommodation according to the needs of the locality in which it is provided. One of the current problems, which has resulted in congestion in some hospitals while others have vacant beds, is the uneven distribution of hospital facilities. Additional hospital facilities must be provided where they are needed.

Laboratory and diagnostic facilities are also needed badly. At present laboratory facilities are available only in Saskatoon and Regina and they must be provided in other centres as well, so that the doctors may have specimens analysed for accurate and prompt diagnosis and treatment of their cases.

There is need of extended services in maternal and child hygiene and in dental hygiene, and so far nothing has been done in industrial hygiene. Nor has anything been done for the organization of local public-health services, which are almost entirely lacking. Only the cities of Regina and Saskatoon have full-time health officers. The part-time officers appointed by municipal councils elsewhere are not able to obtain full observance of regulations in a modern public-health program.

Increased facilities for the mentally ill and for mental defectives are needed. At present some 4,000 mental patients are crowded into two institutions which cannot give adequate care to more than 2,400.

When the necessary personnel can be found, there will be the task of providing dental clinics, to care for the teeth of pre-school and school children.

The lack of trained personnel and the lack of facilities are the two major problems confronting the Government in its quest of health security for the people. They are not insurmountable problems, but their solution will take time, particularly while the war lasts. By providing training facilities, by sending some doctors and nurses away for special courses and by supporting local authorities financially in the provision of hospitals and services, it is hoped to alleviate the two problems at the present time.

The third problem is that of financing. The more the cost of these health services are made a matter of provincial as well as local responsibility, the more the risk is spread. Health security can be had only if health services do not depend entirely on local economic conditions, such as crop failure or depressed prices, with their effect on the ability of local government to collect taxes.

The First 25,000

On January 1, 1945, the Government of Saskatchewan entered on the first of four stages by which it hopes to provide adequate medical and hospital care for all the people. It was considered necessary first to provide for those who are not able to provide for themselves. This group of the population—the first 25,000—consisted of the old-age pensioners and their dependents, the blind pensioners and their dependents, and the dependent children and parents who are in receipt of mothers' allowances. Twenty-five thousand is a conservative figure for those who, under this provision, are receiving medical and hospital service, surgery, special nursing, drugs, appliances, and glasses, at the expense of the public treasury. Dental service is provided when recommended by a physician.

These 25,000 are by no means all those who are unable to provide for themselves. There are about 7,000 physically incapacitated persons who are unable to earn an income and are therefore unable to provide for themselves. It is hoped to include these people in the free services now being provided.

Free Cancer, Mental Care

The second stage was the provision of free health services to those suffering from diseases for which the treatment is usually costly and prolonged. Already Saskatchewan has free diagnosis and treatment of cancer, including surgery and hospitalization, at the two Government clinics maintained in Regina and Saskatoon.

The Regina cancer clinic will soon occupy greatly enlarged space in a new wing being built by the Grey Nuns at their hospital. The Government will make available there the finest and latest equipment for the diagnosis and treatment of cancer. Incidentally, one floor of this new wing will be occupied by the central laboratory and executive offices of the Division of Laboratories, Department of Public Health.

Free maintenance, care and treatment for the mentally ill and mentally defective is also being provided in the provincial mental hospitals. The Government plans steps to relieve acute congestion in these hospitals and as a first step proposes to remove mental defectives to a farm colony.

By the provision of free penicillin in the treatment of venereal disease by private physicians and in the province's five venereal-disease clinics, the province is developing a realistic attack on maladies which, if left to run riot, would sap the foundations of our society and blight thousands of lives.

At the 1944-45 session of the Legislature the Government introduced a change in The Marriage Act to require a blood test for syphilis as part of the health examination of those about to marry. This legislation is to be proclaimed on September 1, possibly making Saskatchewan the first province in Canada to take this important step. The measure is intended to protect the home and the family against hidden syphilis.

Tuberculosis has for some time been on a free basis—treatment as well as diagnosis being provided through the Saskatchewan Anti-Tuberculosis League with the support of Government grants and municipal funds.

Tuberculosis and the venereal diseases are serious communicable diseases, and they are included in this stage of health services

development because either, if not controlled, menaces the community.

Those who have experienced the costly and prolonged treatments necessitated in cases of cancer, mental illness, tuberculosis and venereal disease, will appreciate most what the provision of treatment facilities at the expense of the province means to the individual and his family.

More and more there has come a realization that just as the child brings his home to school, so the sick person brings his home to the hospital or the clinic, and freedom from anxiety about the cost of treatment will not only encourage early diagnosis and prompt care, but expedite improvement and recovery.

Aid to Municipalities

The Government has recently embarked on the third stage of its program, which is to provide health services in those parts of the province which are least able to do it for themselves. Just as it is necessary to look after the needs of those who cannot provide for themselves, it is necessary to look after those areas where, because of sparseness of population or unfavorable socio-economic conditions, the people are unable, even when banded together, to provide adequate health services.

To assist such groups, the Government is making two grants available. First there is a grant to assist communities to build hospitals and nursing homes. The amount of a grant is based on the economic needs of the community and the number of people to be served.

There are communities which already have small hospitals or nursing homes, for which no assistance has been available. Under new provisions, the Government will make grants to such institutions which were not previously able to qualify. A system of grading is being prepared.

As a second step, the Government will make a grant to any municipality which has an approved plan to obtain medical services for its population. First there is a flat grant of 25 cents for every person in the municipality, and then an equalization grant based on the municipality's per-capita assessment.

Thus, if a municipality has a per capita assessment of $229 or less, it will receive an equalization grant of $2.00 per person, plus a flat grant of 25 cents per person. If there are 1,000 people in the municipality, that municipality will receive $2,250 per year in assistance toward engaging a municipal doctor or obtaining medical services on another approved basis. Municipalities with larger per capita assessments will receive correspondingly less in equalization grants.

In this way the Government hopes to assist the most needy municipalities to obtain medical services just as soon as trained men and women become available. It will enable the municipalities to offer attractive salaries and working conditions to their doctors.

The financial assistance is given for the establishment of approved plans, and is therefore conditional. This will ensure certain standards of health services and, for the physicians, certain standards of working conditions.

The fourth stage is to organize the health services for the remainder of the population—farmers, workers, business men, professional persons, skilled labor,—all those who, while they are well, can contribute to a fund which will pay for health services when they or members of their families require them.

A survey of larger towns and cities is contemplated, with a view to the organization of some form of health insurance in the urban centres.

While the Government is prepared to assist municipalities to obtain or improve health services, it is up to the municipalities to take the initiative in providing health services and improving standards.

"Good Medicine"

The young physician of today lacks nothing of the ideals of devotion and service which are a tradition of his profession. The medical practitioner entering on his career has behind him a long period of training and his education has been very expensive. Many doctors, in their first years of practice, are under the handicap of paying for their education as well as for the equipment and instru-

ments necessary in their work. The working life of the physician is relatively short.

On finishing his medical education, therefore, the young physician is attracted to practice at an adequate income and under conditions which enable him to practise good medicine. Under existing conditions he is not easily attracted to rural practice, with its inevitable hardships and its lack of facilities and tools with which he has newly been trained to do his work.

Not only is Government financial aid conditional on certain standards being met; it is obviously in the interests of the municipalities that they should make rural medical positions as attractive as possible. There must be a standard contract for doctors, an adequate minimum salary with increases, and provisions for holidays. Many doctors have found it impossible to leave their posts for rest or for refresher courses for even two or three weeks.

The Government is asking the municipalities to provide not only holidays but also opportunities to attend refresher courses, so that the rural doctor may be able to keep abreast of new trends and developments in his work and give a high standard of service.

A pension plan is being studied. It is intended that when a doctor comes to the end of his days of service, a time probably hastened by self-sacrifice and hardships, he may have some measure of security for his remaining years.

Preventive Services Grow

To meet well-recognized needs, the Saskatchewan Government has widened the services of the Department of Public Health by creating a separate Division of Venereal Disease Control, and new Divisions of Health Education, Nutrition, and Physical Fitness and Recreation.

Venereal disease has been called Saskatchewan's most serious communicable-disease problem. This problem is now being attacked realistically as a medical, social, and moral problem. An uncompromising campaign which has eradication of syphilis and gonorrhea as its objective has been launched.

It has been stated that public-health work is 80 per cent education. The new Division of Health Education has launched a wide program to modify public behavior and attitudes in favor of higher levels of personal and community health.

Largely educational also is the program of the new Division of Nutrition, whose purpose it is to induce people to eat balanced, nourishing meals. One of its major interests is to see that children who take their lunches to school will have midday meals that will benefit them.

Perhaps none of the new divisions in the department has aroused so much enthusiastic interest as the Division of Physical Fitness and Recreation. This division is financed with national and provincial funds provided under Federal and Provincial Physical Fitness Acts. The division has fathered the Saskatchewan Recreational Movement, a program designed to benefit all the population. Its function is to encourage existing physical fitness and recreational groups and to stimulate the local organization of programs where none previously existed.

The Saskatchewan Recreational Movement has been launched through the schools, with the co-operation of the Department of Education and thousands of local and district school authorities, and also with the indispensable assistance of the teachers.

These new divisions in the Department of Public Health are now busily engaged introducing their programs, and additional departmental services are contemplated.

Health Planning for a Province

The Health Services Planning Commission has proposed organization for health services on a provincial scale, with as much decentralization as uniformity of standards and a broad financial basis will permit. That is, the commission is providing a plan for the health security of the whole province. It intends that services will be established on local initiative and that they will be under local and regional management of the municipalities concerned. But the central control of the province will have the responsibility of determining and maintaining desirable standards. Uniformly

adequate standards will thus result. The financial responsibility assumed by the province essentially involves some central control by the province as a whole.

A plan prepared by the commission entails the division of the province into health regions, in each of which the facilities for modern preventive and curative medicine will be found. The regions will be subdivided into districts, and the districts into local health units.

As the primary unit, the local health unit is expected to be based on a local health centre, with its public-health headquarters, its nursing home or small hospital, and its full-time medical and nursing service. In the local health unit the emphasis will be on preventive care, such as personal and community hygiene, sanitation, protection of foods, immunization, and particularly the regular examinations and preventive care of children. Treatment will be given when necessary. The nutrition needs of the people will receive constant attention.

With emphasis on preventive care, everything possible will be done to keep the people well. Prevention is advantageous—not only because of the greater welfare and happiness of the people but also because it will reduce the enormous cost of sickness and its treatment.

Under the proposed plan, the local health unit will be under its own locally elected board, and the larger area, known as a health district, likewise will be under such a board. The health region will be managed by a regional board consisting of the representatives of the municipalities contained in the region.

Some centralization is inevitable, as highly specialized services, such as laboratories and costly diagnostic and treatment apparatus, cannot well be provided in local health centres, although they are practicable and necessary facilities in a health region.

Co-ordination of services will be necessary so that group medicine can be provided and specialist care will be available. Without specialists all the advantages of modern medicine cannot be enjoyed.

It will be the function and responsibility of regional boards to do everything in their power to provide in their territories all that is necessary to bring the most up-to-date health services to the people.

The Government and the Health Services Planning Commission are looking to the people to give their counsel and make known their wishes with regard to the shape of health things to come. Hence the appointment of the previously mentioned advisory committee to the Planning Commission.

At its first meeting this provincial advisory committee received the Planning Commission's draft proposals for study, and as a first step it recommended the establishment of one or two demonstration regions in which the new plan will be worked out in detail. Premier Douglas has announced that pilot units will be set up.

In a Spirit of Neighborliness

The provision of adequate health services for the people of Saskatchewan cannot be achieved immediately. Its achievement depends as much on the initiative and interest of the people themselves, in their municipalities, in their towns and cities, as it depends on those who have been entrusted with the over-all guidance and leadership.

Building in the spirit of self-help and neighborliness, present among them since pioneer days, and on the existing health-awareness which is so evident, the people of Saskatchewan can create for themselves in this province a measure of health security which will be in advance of anything of its kind on the North American continent.

Saskatchewan may well be proud of its achievements in the past—its leadership in the tuberculosis and cancer programs, for instance. This is the first and only province providing free penicillin for the control of venereal disease, the only province providing free health services for old-age and blind pensioners and their dependents, for mothers and dependent children who receive provincial allowances.

Saskatchewan is in the vanguard of the quest for health because its people know that while health is purchasable it is something beyond price. Just as a generation ago education was conceived to be the right of everyone, so today good health is recognized to be the right of every man, woman and child, and that this right can be exercised only by providing health services for all, irrespective of ability to pay.

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The Division of Health Education provides a free service to associations, group leaders and others in the organization of community health programs.

Copies of this booklet and of health literature may be obtained without charge from the Division of Health Education, Saskatchewan Department of Public Health, Legislative Building, Regina.

Additional information regarding the health services plan may be obtained from the Secretary, Health Services Planning Commission, Legislative Building, Regina.